MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-026545

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(Licensed Embalmer's Statement on Reverse Side)

Date mailed to Doctor 7-/2-/962

Date received from Doctor, duly signed 7-/6-/962

2981 28 7NC

STATEMENT BY LICENSED EMBALMER

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vorking under my personal supervision.	
tudentSignature of Student Embalmer	_ Signed Lehesson
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Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.